

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728290

FILED
Mar 23, 2012
Secretary of State

Entity Name: ALPINE WOODS ASSOCIATION, INC.

Current Principal Place of Business:

8527 OLD COUNRTY MANOR
FT LAUDERDALE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

C/O ELITE MANAGEMENT ASSOCIATES INC.
10081 PINES BLVD. SUITE # E-1
PEMBROKE PINES,, FL 33024 US

New Mailing Address:

FEI Number: 59-1546872 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ELITE MANAGEMENT ASSOCIATES INC.
10081 PINES BLVD. SUITE # E-1
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S
Name: WEISELBERG, KATHY
Address: 10081 PINES BLVD. SUITE # E-1
City-St-Zip: PEMBROKE PINES,, FL 33024 US

Title: VP
Name: BOEHM, AUDREY
Address: 10081 PINES BLVD. SUITE # E-1
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T
Name: DIERKSMEIER, GEORGE
Address: 10081 PINES BLVD. SUITE # E-1
City-St-Zip: PEMBROKE PINES, FL 33024

Title: P
Name: GUGLIUZZA, KIMMARIE
Address: 10081 PINES BLVD. SUITE # E-1
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D
Name: RAMLOGAN, NIKITA
Address: 10081 PINES BLVD. SUITE # E-1
City-St-Zip: PEMBROKE PINES, FL 33024 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMMARIE GUGLIUZZA

PRES

03/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date